



City of Lincoln Employee Injury or Illness Report

If more than a record-only incident, complete a
'First Report of Alleged Occupational Injury & Illness'
and 'Choice/Change of Doctor' forms.
Forward completed documents to
Risk Management within one business day.

EMPLOYEE INFORMATION

Employee's Name _____ Home Phone _____
Home Address _____ Employment Classification _____

DETAILS OF ACCIDENT/INJURY/ILLNESS

Day and date of injury _____ Time of injury _____ AM/PM

When was injury reported to supervisor? Date _____ Time _____ AM/PM

Address and specific location where injury/illness occurred _____

Describe accident (*be specific*) _____

Nature and extent of injury (*EXTENT: superficial, minor, serious; TYPE: burn, laceration, sprain, fracture; BODY PART: left hand, right foot, lower back*) _____

Cause of accident. Describe any unsafe act, omission or condition (*be specific*) _____

Witnesses (*names, addresses, phone numbers*) _____

What action can be taken to prevent similar accidents? _____

What first aid was administered? _____

Was doctor seen? ☐ Yes ☐ No Date seen _____ If no, is this report for record only? ☐ Yes ☐ No

Doctor's Name _____ Phone _____

Address _____

Name of Hospital/Clinic _____ Phone _____

Address _____

REPORTING AGENCY

☐ Police ☐ Fire/Rescue ☐ Other Agency _____

Date Reported _____ Case # _____ Investigating Officer _____

SIGNATURES

Department _____ Division _____ Section _____

Employee _____ Date _____ Phone _____

Supervisor _____ Date _____ Phone _____

Supervisor _____ Date _____ Phone _____

Risk Management, 233 S. 10th St., Rm 210, Lincoln, NE 68508

Phone: 402-441-7671, FAX: 402-441-6800